

# KENTUCKY BOARD OF SOCIAL WORK

COMMONWEALTH OF KENTUCKY

PO BOX 1360

FRANKFORT, KY 40602

<http://finance.ky.gov/bsw>

PLEASE PRINT OR TYPE ALL INFORMATION

NOTE: \$25.00 application fee (check or money order made payable to the Kentucky State Treasurer) DO NOT SEND CASH

- APPLICATION FOR: ☐ LICENSED SOCIAL WORKER (Bachelor's Degree)
- ☐ CERTIFIED SOCIAL WORKER (Master's Degree)
- ☐ LICENSED CLINICAL SOCIAL WORKER (Master's Degree)

1. \_\_\_\_\_ 2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: Last First Middle Social Security Number

\_\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Maiden or any other name used Date of Birth

4. \_\_\_\_\_  
MAILING ADDRESS: STREET CITY STATE ZIPCODE HOME PHONE

\_\_\_\_\_  
EMAIL ADDRESS (Optional)

5. \_\_\_\_\_  
BUSINESS ADDRESS: STREET CITY STATE ZIPCODE BUSINESS PHONE

6. Do you presently hold a valid license or registration to practice Social Work in any other state? \_\_\_\_ Yes \_\_\_\_ No

If Yes, License or Registration Number: \_\_\_\_\_ State: \_\_\_\_\_

7. Have you taken and passed an exam through the ASWB? \_\_\_\_ Yes \_\_\_\_ No If yes, what level? \_\_\_\_\_  
Send copy with application

8. Have you ever made application and failed to receive a license in Kentucky or any other state? \_\_\_\_ Yes \_\_\_\_ No

If yes, give reason application was denied. \_\_\_\_\_

\_\_\_\_\_

9. Has your license in Kentucky or any other state ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If yes, give details \_\_\_\_\_

10. Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No If yes, what offense? \_\_\_\_\_  
(Send supporting documentation)

## EDUCATION

SCHOOL	NAME AND LOCATION	Dates Attended		Date of Graduation		NUMBER OF HOURS OR CREDITS	DEGREES OBTAINED
		FROM	TO	MONTH	YEAR		
Under-Graduate School							
Graduate School							

NOTE: All degrees applicable to Social Work must be documented by a CERTIFIED TRUE COPY of the official transcript with the DEGREE CONFERRED. You may attach it to this application or have it mailed directly to this office.

No action will be taken on your application until necessary transcripts are received.

When your application is approved or denied, you will be notified by mail.

All applicants should become familiar with the Kentucky Laws and Regulations pertaining to the Practice of Social Work found on our website or by requesting a copy from this office. <http://finance.ky.gov/bsw> or by phone (502) 564.3296 X 230.

List the names and addresses of three (3) individuals who would document your professional competency.

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

### APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief.

I further affirm that I have read KRS 335 as annotated by the Board, together with the Rules and Regulations of the Kentucky Board of Social Work and fully understand that in receiving a license from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensing. In addition, I agree to furnish the Board any information that may subsequently be requested for the purpose of verifying my qualifications.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_